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│           2003 Tobacco Use Special Cessation Supplement to the           │
│              Current Population Survey (TUS-CPS series)               │
│                      v H5 6/03 B to D1 12/03                       │
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PRESUP   **This month we would also like to ask about your thoughts and experiences concerning tobacco use. I need to ask each individual, age 15 years old and older, these questions.**

ENTER (P) TO PROCEED

ENTER (I) FOR IMPORTANCE OF RESPONDING

|__|

H_SUPP_I   **The information you give is important. Answers to the tobacco use questions will be used by the National Cancer Institute, the Centers for Disease Control and Prevention, other researchers, national, state, and local public health officials, and others to measure changes in America's use of tobacco products, work place policies, medical doctor and dentist advice, and opinions towards tobacco use.**

PRESS ENTER TO CONTINUE

NXTPR	ENTER LINE NO: |__|__| FOR [fill name]	HOUSEHOLD ROSTER

ENTER LINE NO: |__|__| FOR [fill name]

I (also) need to talk with [fill name/READ LIST OF NEEDED PERSONS]. Is he/she at home now/Are either of them at home now/Are any of them at home now)?

NO ONE ELIGIBLE, SKIP TO FIN (F10)
IF ANSWERED, JUMP FORWARD (F3)

GET SELF RESPONSE ONLY.
WHEN DONE, F10 FOR CALLBACKS
CALLBACK #: [fill number]

(R) Respondent Refused for someone else

ENTER LINE NUMBER FOR
INTERVIEW: |__|__|

HOUSEHOLD ROSTER
LN Q NEED NAME   M   AGE
01   (Person 1)
02   (Person 2)
03   (Person 3)

NXTPR3   DO NOT ASK, INTERVIEWER CHECK ITEM

(ONLY TAKE A PROXY IF THIS IS THE 4TH CALLBACK, THE PERSON WILL NOT RETURN BEFORE CLOSEOUT OR THE HOUSEHOLD IS GETTING IRRITATED.)

Is this a Self or Proxy response?

(1) Self ➜GO TO A1
(2) Proxy

|__|

EPROXY   DO NOT ASK

POSSIBLE ERROR
You have picked PROXY for [fill name] even though [fill name] is the current respondent.

Are you currently talking to [fill name]?

(1) Yes, SELF interview ➜GO TO A1
(2) No

|__|

NXTPER5   DO NOT ASK
           ENTER LINE NUMBER OF
           CURRENT RESPONDENT
           |__|__|

HOUSEHOLD ROSTER	
LN	NAME
01	(Person 1)
02	(Person 2)
03	(Person 3)

SECTION A. SCREENING FOR EVER/EVERYDAY/SOMEDAY SMOKING

A1   **(Have/Has) (you/ name) smoked at least 100 cigarettes in (your/his/her) entire life?**

(FR NOTE: 100 CIGARETTES = APPROXIMATELY 5 PACKS)

(1) Yes
(2) No

|__| IF NO <u>OR</u> DK/REF ➜GO TO SECTION J

A2   **How old (were/was) (you/name) when (you/he/she) first started smoking cigarettes FAIRLY REGULARLY?**

ENTER (X) IF NEVER SMOKED REGULARLY

ENTER AGE   (01 - AGE)

|__|__| IF AGE >5 ➜ GO TO A3

A2V   **I have recorded that (you/name) (were/was) [fill entry A2] years old when (you/he/she) started smoking cigarettes fairly regularly. Is that correct?**

(1) Yes
(2) No ➜ GO TO A2

|__|

A3   **(Do/Does) (you/name) now smoke cigarettes every day, some days, or not at all?**

(1) Every day
(2) Some days
(3) Not at all

|__|

```
                              BOX 1
IF SELF RESPONDENT AND:
        A3 = (1) EVERY DAY SMOKERS ➜GO TO SECTION B
        A3 = (2) SOME-DAY SMOKERS ➜ GO TO SECTION C
        A3 = (3) NOT-AT-ALL SMOKERS ➜GO TO SECTION H
        A3 = D, R ➜ GO TO SECTION J

IF PROXY RESPONDENT ➜ GO TO SECTION J
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SECTION B. EVERY-DAY SMOKER HISTORY/CONSUMPTION SERIES

B1   **On the average, about how many cigarettes do you now smoke each day?**

(ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT.)

ENTER NUMBER OF CIGARETTES PER DAY
(1-99)

|__|

BOX 2

IF B1 = D, R ➡ GO TO B1a
IF B1 > 40 ➡ GO TO B1v
ELSE ➡GO TO B2

B1a   **Would you say that, on average, you now smoke more or less than 20 cigarettes each day?**

(1) MORE
(2) LESS
(3) ABOUT 20 (ONE PACK)

|__| ➡GO TO B2

B1v   **I have recorded that on the average, you now smoke [fill entry B1] cigarettes a day. Is that correct?**

(1) Yes
(2) No ➡GO TO B1

|__|

B2   **Is your usual cigarette brand menthol or non-menthol?**

(1) Menthol
(2) Non-menthol
(3) NO USUAL TYPE

|__|

B3   **What type of cigarette do you now smoke most often -- a regular, a light, an ultralight, or some other type?**

IF MILD VOLUNTEERED, CODE AS LIGHT
IF FULL FLAVOR VOLUNTEERED, CODE AS REGULAR

(1) Regular/full flavor
(2) Light/mild
(3) Ultra-light
(4) NO USUAL TYPE
(5) SOME OTHER TYPE

|__|

BOX 3

IF B3 = 5 ➜ GO TO B3SPC
IF B3 = 2 OR 3 ➜GO TO B4
ELSE ➜GO TO B5a

B3SPC SPECIFY "some other type" _____GO TO B5a

B4   **Please tell me if each of the following is true for YOU:**

(1) True/Yes
(2) False/ No

B4@1 |__| (A) You NOW smoke [fill entry from B3] because you feel that they are less harmful to your health than regular cigarettes
B4@2 |__| (B)   You NOW smoke [fill entry from B3] as a way to try to quit smoking
B4@3 |__| (C) You NOW smoke [fill entry from B3] because they have a smoother flavor or lighter taste than regular cigarettes?

BOX 4

IF B4@(1) AND (2) = TRUE ➜GO TO B4d
ELSE ➜ GO TO B5a

B4d   **Which is the more important reason that you smoke [fill entry from B3] - because you feel they are less harmful to your health, or because you're trying to quit?**

(1) Less harmful
(2) Trying to quit
(3) BOTH

|__|

B5a   **How soon after you wake up do you typically smoke your first cigarette of the day?**

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) IF RESPONDENT INSISTS IT VARIES

B5a@NUM   ENTER NUMBER (1 - 90)
|__|__|

B5a@UNT   ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

BOX 5

IF B5a = X, D, R ➡ GO TO B5b
ELSE GO TO B5c

B5b   **Would you say you smoke your first cigarette of the day within the first 30 minutes?**

(1) Yes
(2) No
(3) Varies— DO NOT READ

|__|

B5c   **Please tell me if EACH of the following statements is true for you —**

(1) True/Yes
(2) False/ No

B5c@1 |__| **(A)**   **You have trouble going more than a few hours without smoking.**
B5c@2 |__| **(B)**   **Even in a bad rainstorm, if you ran out of cigarettes, you would probably go to the store to get some more.**
B5c@3 |__| **(C)**   **When you go without smoking for a few hours, you experience craving.**
B5c@4 |__| **(D)**   **If you were in a public place where smoking isn't allowed, you'd probably go outside to smoke a cigarette, even in cold or rainy weather.**

B6a   **Do you USUALLY buy your cigarettes by the pack or by the carton?**

(1) Pack
(2) Carton
(3) Buy both packs and cartons
(4) Don't buy own cigarettes

|__|

BOX 6

IF B6a = (1) OR (3) OR D, R ➡GO TO B6b
IF B6a = (2) ➡GO TO B6c
ELSE ➡ GO TO B7

B6b   **What price did you pay for the LAST pack of cigarettes you bought? Please report the cost after using discounts or coupons.**

$___.___ ___GO TO B6d

B6c   **What price did you pay for the LAST carton of cigarettes you bought? Please report the cost after using discounts or coupons.**

$__ __.__ __

B6d   **Did you buy your LAST (pack/carton) of cigarettes in [fill respondent's state of residence] or in some other state?**

B6d@1   (1) In respondent's state of residence
                   (2) In some other state (including DC)
                   Enter (X) FOR BOUGHT SOME OTHER WAY (Internet, other country, ...)

                   |__|

                              BOX 7
IF B6d@1 =1, ENTER AUTOMATICALLY RESPONDENT'S STATE OF
        RESIDENCE IN B6d@2 �GO TO B7
ELSE IF B6d@1 = 2 ➜ GO TO B6d@2
ELSE IF B6d@1 = X ➜ GO TO B6dSPC
ELSE ➜GO TO B7

B6d@2   **In what other state did you buy your LAST (pack/carton) of cigarettes?**
                   ENTER STATE ABBREVIATION

    |__|__| | (H) | Help [GIVES STATE ABBREVIATIONS]

B6dSPC   ENTER BOUGHT SOME OTHER WAY RESPONSE FOR B6d (FOR EXAMPLE -
                   INTERNET, ANOTHER COUNTRY...)
              SPECIFY:_____

B7   **What is the total number of years you have smoked EVERY DAY? Do not include any time you stayed off cigarettes for 6 months or longer.**

ENTER (X) FOR NONE OR LESS THAN 1 YEAR
ENTER NUMBER OF YEARS

|__| (1-AGE)   IF ENTRY IN B7≤ (AGE -[FILL ENTRY A2]) ➤GO TO B8

B7v   **I have recorded that not including any time you stayed off cigarettes for 6 months or longer, the total number of years you have smoked EVERY DAY is [fill entry B7]. Is that correct?**

(1) Yes
(2) No ➤GO TO B7

|__|

B8   **Around this time 12 MONTHS AGO, were you smoking cigarettes every day, some days, or not at all?**

(1) Every day
(2) Some days
(3) Not at all

|__|

B9   **Have you EVER SWITCHED from a stronger cigarette to a lighter cigarette for at least 6 months?**

(1) Yes
(2) No

|__| IF NO OR DK/REF ➤GO TO B11

B10   **For each of the following statements, please tell me whether it is a reason that you SWITCHED from a stronger to a lighter cigarette:**

(1) Yes
(2) No

B10a@1 |__| (1) You switched because you felt that a lighter cigarette would be less harmful to your   health
B10a@2 |__| (2) You switched as a way to try to quit smoking.
B10a@3 |__| (3) You switched to get a smoother or lighter flavor.

BOX 8
IF B10a@ 1 AND B10a@ 2 = 1 ➤GO TO B10b
ELSE ➤ GO TO B11

B10b   **Which is the MAIN reason you switched from a stronger to a lighter cigarette – as a way to try to quit smoking, or in order to smoke a less harmful cigarette?**

(1) Quit smoking
(2) To smoke a less harmful cigarette

|__|

B11   **I'm going to read you some statements about how LIGHT cigarettes compare to REGULAR cigarettes. For each one, please tell me whether YOU think it is true, false, or you don't know.**

(1) True
(2) False
(3) Don't know

B11@1 |__| (1) Light cigarettes give you less tar or nicotine than regular cigarettes.
B11@2 |__| (2) Light cigarettes are safer to smoke.
B11@3 |__| (3) Light cigarettes feel smoother and easier on your chest.

EVERY-DAY SMOKERS ➜ GO TO <u>D1</u> (QUIT ATTEMPT SECTION)

SECTION C. SOME-DAY SMOKER SERIES

C1   **On how many of the past 30 days did you smoke cigarettes?**

ENTER (X) FOR NONE

|__|__|

> BOX 9
>
> IF C1 = X OR 30 ➔ GO TO C1v
> ELSE GO TO C1a

C1v   **You said that you smoked cigarettes some days. Is that correct?**

(1) Yes
(2) No

|__|

> BOX 10
>
> IF C1v = 1 <u>AND</u> C1 = 30 ➔GO TO C1a
> IF C1v = 1 <u>AND</u> C1 = X ➔GO TO C2
> IF C1v = 2 ➔GO TO A3

C1a   **On the average, on those [fill entry C1] days, how many cigarettes did you usually smoke each day?**

|__|__| IF ≤ 40 ➔ GO TO C2

C1aV   **I have recorded that on the average, when you smoked on those [fill entry C1] days, you smoked [fill entry C1a] cigarettes a day. Is that correct?**

(1) Yes
(2) No ➔ GO TO C1a

|__|

C2   **Is your usual cigarette brand menthol or non-menthol?**

(1) Menthol
(2) Non-menthol
(3) NO USUAL TYPE

|__|

C3   **What type of cigarette do you now smoke most often -- a regular, a light, an ultralight, or some other type?**

IF MILD VOLUNTEERED, CODE AS LIGHT
IF FULL FLAVOR VOLUNTEERED, CODE AS REGULAR

(1) Regular/full flavor
(2) Light/mild
(3) Ultra-light
(4) NO USUAL TYPE
(5) SOME OTHER TYPE

|__|

BOX 11

IF C3 = 2 OR 3 ➜GO TO C4
IF C3 = 5 ➜GO TO C3SPC
ELSE ➜GO TO C5a

C3SPC SPECIFY: "SOME OTHER TYPE" _____GO TO C5a

C4   **Please tell me if each of the following is true for you:**

(1) True/Yes
(2) False/ No

**C4@1 |__| (1) You NOW smoke [fill entry C3] because you feel that they are less harmful to your
           health than regular cigarettes**
**C4@2 |__| (2) You NOW smoke [fill entry C3] as a way to try to quit
            smoking**
**C4@3 |__| (3) You NOW smoke [fill entry C3] because they have a smoother flavor or lighter taste
            than regular cigarettes?**

BOX 12

IF C4@ 1 AND C4@2 = 1 ➜GO TO C4d
ELSE ➜ GO TO C5a

C4d   **Which is the more important reason that you smoke [fill entry C3] - because you feel they
            are less harmful to your health, or because you're trying to quit?**

(1) Less harmful
(2) Trying to quit
(3) BOTH

|__|

C5a   On the days that you smoke, how soon after you wake up do you typically smoke your first cigarette of the day?

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) IF RESPONDENT INSISTS IT VARIES

C5a@NUM   ENTER NUMBER (1 - 90)
|__|__|

C5a@UNT   ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

BOX 13
IF C5a = X, D, R ➜ GO TO C5b
ELSE GO TO C6a

C5b   On the days that you smoke, would you say you smoke your first cigarette of the day within the first 30 minutes?

(1) Yes
(2) No
(3) Varies— DO NOT READ

|__|

C6a   Do you USUALLY buy your cigarettes by the pack or by the carton?

(1) Pack
(2) Carton
(3) Buy both packs and cartons
(4) Don't buy own cigarettes

|__|

BOX 14
IF C6a = 1 OR 3 OR DK/REF ➜GO TO C6b
IF C6a = 2 ➜GO TO C6c
ELSE ➜ GO TO C7

C6b   **What price did you pay for the LAST pack of cigarettes you bought? Please report the cost after using discounts or coupons.**

$____.___ ___ GO TO C6d

C6c   **What price did you pay for the LAST carton of cigarettes you bought? Please report the cost after using discounts or coupons.**

$__ __.__ __

C6d   **Did you buy your LAST (pack/carton) of cigarettes in [fill respondent's state of residence] or in some other state?**

C6d@1   (1) In respondent's state of residence
(2) In some other state (including DC)
Enter (X) FOR BOUGHT SOME OTHER WAY (Internet, other country, ...)

|__|

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                          BOX 15
IF  C6d@1 =1,  ENTER  AUTOMATICALLY  RESPONDENT'S  STATE  OF
           RESIDENCE IN C6d@2 ➜GO TO C7a
IF C6d@1 = 2  ➜ C6d@2
IF C6d@1 = X  ➜ GO TO C6dSPC
ELSE ➜GO TO C7a
```

C6d@2   **In what other state did you buy your LAST (pack/carton) of cigarettes?**

ENTER STATE ABBREVIATION

|__|__| | (H) | Help [GIVES STATE ABBREVIATIONS]

C6dSPC   ENTER BOUGHT SOME OTHER WAY RESPONSE FOR C6d@1 (FOR EXAMPLE - INTERNET, ANOTHER COUNTRY...)

SPECIFY:_____

Past Smoking Behavior for Some-Day Smokers

C7a   Have you EVER smoked cigarettes EVERY DAY for at least 6 months?

(1) Yes
(2) No

|__| IF NO OR DK/REF ➡GO TO C8

C7b   About how long has it been since you last smoked cigarettes EVERY DAY?

C7b@NUM   ENTER NUMBER (1-99)

|__|

C7b@UNT   ENTER UNIT REPORTED
(1) Days
(2) Weeks
(3) Months
(4) Years

|__|

BOX 16
IF C7b@NUM > 18 AND C7b@UNT = 2 ➡ GO TO C7bV
IF C7b@NUM > 30 AND C7b@UNT = 3 ➡ GO TO C7bV
IF C7b@NUM > (AGE - [ENTRY IN A2]) AND C7b@UNT = 4 ➡GO TO C7bERR
ELSE ➡GO TO C7c

C7bERR   *** DO NOT READ ***

It was reported in item A2 that this person first started smoking [fill (AGE - entry to A2)] years ago. Response of [fill entry C7b] is inconsistent.

(B) Back to correct

|__| ➡GO TO C7b@NUM

C7bV   I have recorded that it has been [fill entry C7b] since you last smoked cigarettes every day. Is that correct?

(1) Yes
(2) No ➡GO TO C7b@NUM

|__|

C7c   When you last smoked every day, on average how many cigarettes did you smoke each day?

ENTER NUMBER OF CIGARETTES EACH DAY
(1-99)

|__|__| IF ≤ 40 ➜GO TO C7d

C7cV   I have recorded that when you last smoked every day, on the average you smoked [fill entry C7c] cigarettes each day. Is that correct?

(1) Yes
(2) No ➜GO TO C7c

|__|__|

C7d   What is the total number of years you smoked EVERY DAY?   Do not include any time you stayed off cigarettes for 6 months or longer.

ENTER (X) FOR NONE OR LESS THAN 1 YEAR
ENTER NUMBER OF YEARS
(1- AGE)

|__|__| IF ≤(AGE -[ENTRY A2]) ➜GO TO C8

C7dV   I have recorded that not including any time you stayed off cigarettes for 6 months or longer, the total number of years you smoked every day is [fill entry C7d]. Is that correct?

(1) Yes
(2) No ➜GO TO C7d

|__|__|

C8   Around this time 12 MONTHS AGO, were you smoking cigarettes every day, some days, or not at all?

(1) Every day
(2) Some days
(3) Not at all

|__|

15

C9 **Have you EVER SWITCHED from a stronger cigarette to a lighter cigarette for a period of 6 months or longer?**

(1) Yes
(2) No

|__| IF NO <u>OR</u> DK/REF ➡GO TO C11

C10 **For each of the following statements, please tell me whether it is a reason that you SWITCHED from a stronger to a lighter cigarette:**

(1) Yes
(2) No

C10a@1 |__| (A) **You switched because you felt that a lighter cigarette would be less harmful to your health.**
C10a@2 |__| (B) **You switched as a way to try to quit smoking.**
C10a@3 |__| (C) **You switched to get a smoother or lighter flavor.**

BOX 17

IF C10a@ 1 AND C10a@ 2 = 1 ➡GO TO C10b
ELSE ➡GO TO C11@1

C10b **Which is the MAIN reason you switched from a stronger to a lighter cigarette – as a way to try to quit smoking, or in order to smoke a less harmful cigarette?**

(1) Quit smoking
(2) To smoke a less harmful cigarette

|__|

C11 **I'm going to read you some statements about how LIGHT cigarettes compare to REGULAR cigarettes. For each one, please tell me whether YOU think it is true, false, or you don't know.**

(1) True
(2) False

C11@1 |__| (A) Light cigarettes give you less tar or nicotine than regular cigarettes.
C11@2 |__| (B) Light cigarettes are safer to smoke.
C11@3 |__| (C) Light cigarettes feel smoother and easier on your chest.

BOX 18

IF ENTRY IN C1≥ 12 DAYS IN THE PAST 30 DAYS, GO TO D1
ELSE IF C1 < 12 GO TO Da

Quit attempts of 1 day or longer:

Da **During the PAST 12 MONTHS, have you TRIED to QUIT smoking COMPLETELY?**

(1) Yes ➜GO TO D4
(2) No   ➜GO TO F1

|__|

D1 **Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?**

(1) Yes
(2) No ➜GO TO D7

|__|

D2 **During the PAST 12 MONTHS, have you stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?**

(1) Yes
(2) No ➜GO TO D8

|__|

D3 **How many TIMES during the past 12 months have you stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?**

ENTER NUMBER OF TIMES
(1 - 69)

|__|__|

BOX 19

IF D3 = DK/REF ➜GO TO D3b
IF D3 = 1 ➜GO TO D6
IF D3 > 10 ➜GO TO D3v
ELSE ➜GO TO D4

D3v   **I have recorded that you have stopped smoking [fill entry D3] times for one day or longer in the past 12 months because you were TRYING to quit smoking? Is that correct?**

(1) Yes ➜GO TO D4
(2) No ➜GO TO D3

|__|

D3b Would you say that it was more or less than 3 times?

(1) More than 3 times
(2) Less than 3 times

|__|

D4   **The LAST TIME you stopped smoking during the past 12 months because you were TRYING to quit, how long did you stop for?**

D4@NUM   ENTER NUMBER (1 - 99)

|__|__|

D4@UNT   ENTER UNIT REPORTED

(1) Days
(2) Weeks
(3) Months

|__|

IF D4@NUM >18 AND D4@UNT = 2 ➜GO TO D4V
IF D4@NUM > 12 AND D4@UNT = 3 ➜GO TO D4V
ELSE GO TO D5

D4v   **I have recorded that the LAST TIME you stopped smoking in the past 12 months BECAUSE YOU WERE TRYING TO QUIT SMOKING was [fill entry D4]? Is that correct?**

(1) Yes
(2) No ➜GO TO D4@NUM

|__|

D5   Was [fill entry D4] the LONGEST you went without smoking in the past 12 months?

(1) Yes ➡GO TO SECTION E
(2) No

|__|

D6   During the PAST 12 MONTHS, what is the LONGEST length of time you stopped smoking because you were TRYING to quit smoking?

D6@NUM   ENTER NUMBER (1 - 99)

|__|__|

D6@UNT   ENTER UNIT REPORTED

(1) Days
(2) Weeks
(3) Months

|__|

BOX 20
IF D6@NUM AND/OR D6@UNT = DK/REF ➡GO TO D6b
IF D6@NUM >18 AND D6@UNT = 2 ➡GO TO D6V
IF D6@NUM > 12 AND D6@UNT =3 ➡GO TO D6V
ELSE ➡GO TO SECTION E

D6V   I have recorded that the LONGEST length of time you stopped smoking in the past 12 months because you were TRYING to quit smoking was [fill entry D6]? Is that correct?

(1) Yes ➡GO TO SECTION E
(2) No ➡GO TO D6@NUM

|__|

D6b   Was it more or less than one week?

(1) More
(2) Less
(3) One week

|__| ➡GO TO SECTION E

Quit attempts of less than a day (if no quit attempts lasting for one DAY or more):

D7   **Have you EVER made a serious attempt to stop smoking because you were TRYING to quit – even if you stopped for less than a day?**

(1) Yes
(2) No ➜GO TO SECTION F

|__|

D8   **DURING THE PAST 12 MONTHS, have you made a serious attempt to stop smoking because you were TRYING to quit?**

(1) Yes
(2) No ➜GO TO SECTION F

|__|

BOX 21

IF D3 = 1, THEN FILL E1a, E1b, E1c AND E2 WITH "TIME"
ELSE FILL E1a, E1b, E1c AND E2 WITH "LAST TIME"

E1 **Thinking back to the (LAST TIME/time) you tried to QUIT smoking in the past 12 months. Did you use ANY of the following PRODUCTS):**

(1) Yes
(2) No

E1a@1 (1)	**A nicotine gum**	|__|
E1a@2	**A nicotine patch**	|__|
E1a@3	**A nicotine nasal spray**	|__|
E1a@4	**A nicotine inhaler**	|__|
E1a@5	**A nicotine lozenge**	|__|
E1a@6	**A nicotine tablet**	|__|

E1a@7 (2) **A prescription pill, such as Zyban, Buproprion, or Wellbutrin?**

\|__\|

E1b **Thinking back to the (LAST TIME/time) you tried to QUIT smoking in the past 12 months:**
Did you use ANY of the following:

(1) Yes
(2) No

E1b@1	|__|	**(A)**	**A telephone help line or quit line**
E1b@2	|__|	**(B)**	**A stop smoking clinic, class, or support group**
E1b@3	|__|	**(C)**	**One-on-one counseling**
E1b@4	|__|	**(D)**	**Help or support from friends or family**
E1b@5	|__|	**(E)**	**The Internet or World Wide Web**
E1b@6	|__|	**(F)**	**Books, pamphlets, videos, or other materials**
E1b@7	|__|	**(G)**	**Acupuncture or hypnosis**
E1b@7a	|__|		[IF YES] **Which: (1) Acupuncture (2) Hypnosis (3) Both**

E1c   The (LAST TIME / time) you tried to QUIT smoking in the past 12 months: Did you do ANY of the following:

    (1) Yes
    (2) No

E1c@1 |__| (A) Try to quit by gradually cutting back on cigarettes
E1c@2 |__| (B) Try to quit by switching to chewing tobacco, snuff, cigars, or pipes
E1c@3 |__| (C) Did you switch to a "lighter" cigarette in order to TRY TO QUIT
E1c@4 |__| (D) Did you try to give up cigarettes all at once
E1c@4a   [IF YES] **Would you say you TRIED TO QUIT "cold turkey" or TRIED in some**
                       other way? (1) Cold turkey (2) Other (specify) |__|
E1c@4b Specify: _____

BOX 22	
GO TO E2	

E2   The (LAST TIME / time) you tried to QUIT smoking in the past 12 months: Did you use ANY OTHER methods or products?

    (1) Yes
    (2) No �myGO TO F1

    |__|

E2bSPC   **What were these OTHER methods strategies, products or treatments that you used?**

    Specify: _____

SECTION F. DOCTOR/DENTIST ADVICE TO STOP SMOKING – CURRENT AND SOME-DAY SMOKERS

F1   **In the PAST 12 MONTHS, have you seen a medical doctor, dentist, nurse, or other health professional?**

(1) Yes
(2) No ➜GO TO SECTION G

|__|

F2   **During the PAST 12 MONTHS, did any doctor, dentist, nurse, or other health professional ADVISE you to quit smoking?**

(1) Yes
(2) No ➜GO TO SECTION G

|__|

F3   **In the PAST 12 MONTHS, when any of these health professionals advised you to quit smoking, did they also:**

(1) Yes
(2) No

F3@1 |__| **(A) Prescribe a nicotine nasal spray, a patch, an inhaler, a lozenge or pills such as Zyban?**
F3@2 |__| **(B) Recommend nicotine gum, a patch, or other non-prescription product containing nicotine?**
F3@3 |__| **(C) Suggest that you set a specific date to stop smoking?**
F3@4 |__| **(D) Suggest that you use a smoking cessation class, program, quit line or counseling?**
F3@5 |__| **(E) Provide you with booklets, videos, or other materials to help you quit smoking on your own?**

BOX 23
IF F3@ 1 through F3 @ 5 = 2 ➜ GO TO F4
IF F3@ 1 through F3@ 5 =1 ➜ GO TO F5

F4   **During the PAST 12 MONTHS, did any doctor, dentist, nurse, or other health professional spend ANY time talking to you about how you should try to quit smoking?**

(1) Yes
(2) No

|__|

F5.   **Which heath professional that you saw in the past 12 months spent the MOST time advising you about quitting smoking**?

(1) Medical doctor
(2) Nurse
(3) Dentist
(4) Dental hygienist
(5) Other health professional

|__| IF F5 = 5 ➜ GO TO F5SPC

F5SPC   SPECIFY OTHER HEALTH PROFESSIONAL _____

SECTION G. STAGES OF CHANGE   – EVERY DAY/SOME-DAY SMOKERS

G1   **Are you seriously considering quitting smoking within the next 6 months?**

(1) Yes
(2) No ➜ GO TO G3

|__|

G2   **Are you planning to quit within the next 30 days?**

(1) Yes
(2) No

|__|

G3   **Overall, on a scale from 1 to 10 where 1 is NOT AT ALL interested and 10 is EXTREMELY interested, how interested are you in quitting smoking?**

|__| IF 1 ➜ GO TO SECTION J

G4   **If you did try to quit smoking altogether in the next 6 months, how LIKELY do you think you would be to succeed -–—not at all, a little likely, somewhat likely or very likely?**

(1) Not at all
(2) A little likely
(3) Somewhat likely
(4) Very likely

|__|

EVERY DAY/SOME DAY SMOKERS ➜ GO TO SECTION J

H1   **About how long has it been since you COMPLETELY quit smoking cigarettes?**

H1@NUM ENTER NUMBER
    (1-99)

    |__|__|

H1@UNT ENTER UNIT REPORTED

    (1) Days
    (2) Weeks
    (3) Months
    (4) Years

    |__|

                                        BOX 24
    IF H1@NUM > 18 AND H1@UNT = 2 ➜GO TO H1V
    IF H1@NUM > 30 AND H1@UNT = 3 ➜ GO TO H1V
    IF H1@NUM >(AGE - [ENTRY A2]) ➜GO TO H1ERR
    ELSE ➜GO TO H2

H1ERR   *** DO NOT READ ***

    It was reported (in item A2) that this person first started smoking [fill AGE - (entry to A2)] years
    ago. Response of [fill entry H1] (in item H1) is inconsistent.

    (B) Back to correct

    |__| ➜GO TO H1@NUM

H1v   **I have recorded that it has been about [fill entry H1] since you completely quit smoking
    cigarettes? Is that correct?**

    (1) Yes
    (2) No ➜GO TO H1@NUM

    |__|

H2   **Have you EVER smoked cigarettes EVERY DAY for at least 6 months?**

    (1) Yes
    (2) No ➜ GO TO BOX 26

    |__|

H3   **About how long has it been since you last smoked cigarettes EVERY DAY?**

H3@NUM ENTER NUMBER
        (1 - 99)

        |__|__|

H3@UNT ENTER UNIT REPORTED

        (1) Days
        (2) Weeks
        (3) Months
        (4) Years

        |__|

                                        BOX 25
        IF H3@NUM > 18 AND H3@UNT = 2 ➜GO TO H3V
        IF H3@NUM > 30 AND H3@UNT = 3 ➜GO TO H3V
        IF H3@NUM AND H3@UNT >AGE - [ENTRY A2] ➜GO TO H3ERR
        ELSE ➜GO TO H4

H3ERR   *** DO NOT READ ***

        It was reported (in item A2) that this person first started smoking [fill (AGE -(entry to A2)] years
        ago.   Response of [fill entry H3] (in item H3) is inconsistent.

        (B) Back to correct

        |__| ➜GO TO H3@NUM

H3V   **I have recorded that it has been [fill entry H3] since you last smoked cigarettes every day.
        Is that correct?**

        (1) Yes
        (2) No ➜GO TO H3@NUM

        |__|

H4   **When you last smoked every day, on average how many cigarettes did you smoke each
        day?**

        ENTER NUMBER OF CIGARETTES A DAY
        (1 - 99)

        |__|__| IF entry in H4 ≤ 40 ➜GO TO H5

H4V   **I have recorded that when you last smoked every day, on the average you smoked (entry to H4) cigarettes a day. Is that correct?**

(1) Yes
(2) No ➡GO TO H4

|__|

H5   **Altogether, ABOUT how many years did you smoke EVERY DAY?   Do not include any time you stayed off cigarettes for 6 months or longer.**

ENTER (X) FOR NONE OR LESS THAN 1 YEAR
ENTER NUMBER OF YEARS
(1-AGE)

|__|__| If entry in H5 < (AGE - [ENTRY A2]) ➡GO TO H6 GO TO BOX 26

H5v   **I have recorded that not including any time you stayed off cigarettes for 6 months or longer, altogether, you smoked every day for about [fill entry H5] years. Is that correct?**

(1) Yes
(2) No ➡GO TO H5

|__|

BOX 26

IF H1 ≤ 1 YEAR (12 MONTHS, 52 WEEKS, 365 DAYS) ➡GO TO H6

IF H1 > 5 YEARS (60 MONTHS) ➡GO TO SECTION J

ELSE ➡GO TO H7a

H6   **Around this time 12 MONTHS AGO, were you smoking cigarettes every day, some days, or not at all?**

(1) Every day
(2) Some days
(3) Not at all

|__|

H6a   **In the PAST 12 MONTHS, have you seen a doctor, dentist, or other health professional?**

(1) Yes
(2) No ➡GO TO H7a

|__|

H6b   **During the PAST 12 MONTHS, did any doctor, dentist, or other health professional**

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ADVISE you to stop smoking?

(1) Yes
(2) No

|__|

H7a **Think back to the YEAR BEFORE YOU QUIT SMOKING.**
During that time, was your usual cigarette brand menthol or non-menthol?

(1) Menthol
(2) Non-menthol
(3) NO USUAL TYPE

|__|

H7b **Again, in the YEAR BEFORE YOU QUIT SMOKING, what type of cigarette did you**
smoke most often -- a regular, a light, an ultralight, or some other type?

IF MILD VOLUNTEERED, CODE AS LIGHT
IF FULL-FLAVOR VOLUNTEERED, CODE AS REGULAR

(1) Regular/full flavor
(2) Light/mild
(3) Ultra-light
(4) NO USUAL TYPE
(5) SOME OTHER TYPE

|__|

BOX 27

IF H7b = 2 OR 3 ➜GO TO H7c
IF H7b = 5 ➜GO TO H7bSPC
ELSE ➜GO TO H8

H7bSPC   Specify "some other type" from H7b _____GO TO H8a

H7c   In the year before you quit smoking, please tell me if each of the following was true for YOU:

(1) True/Yes
(2) False/No

H7c@1 |__| (1)   **You smoked [fill entry from H7b] because you felt that they were less harmful to your health than regular cigarettes.**
H7c@2 |__| (2)   **You smoked [fill entry from H7b] as a way to try to quit smoking.**
H7c@3 |__| (3)   **You smoked [fill entry from H7b] because they had a smoother flavor or lighter taste than regular cigarettes.**

```
                              BOX 28
IF H7c@ 2 AND H7c@ 3 = 1 ➜GO TO H7d
ELSE  ➜GO TO H8
```

H7d   **Which was the more important reason that you smoked [fill entry from H7b] in the year before you quit smoking - because you felt they were less harmful to your health, or because you were trying to quit?**

(1) Less harmful
(2) Trying to quit
(3) BOTH

|__|

H8a   **During the year before you quit smoking, how soon after you woke up did you typically smoke your first cigarette of the day?**

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) IF RESPONDENT INSISTS IT VARIES

H8a@NUM   ENTER NUMBER (1 - 90)
|__|__|

H8a@UNT   ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

```
                              BOX 29
IF H8a = X, D, R  ➜ GO TO H8b
ELSE GO TO H9
```

H8b **During the year before you quit smoking, would you say you smoked your first cigarette of the day within the first 30 minutes of awakening?**

(1) Yes
(2) No
(3) Varies— DO NOT READ

|__|

H9 **During the year before you quit smoking, please tell me if each of the following statements was true for YOU.**

(1) True/Yes
(2) False/ No

H9@1 |__| **(A) You had trouble going more than a few hours without smoking.**
H9@2 |__| **(B) Even in a bad rainstorm, if you ran out of cigarettes, you would probably go to the store to get some more.**
H9@3 |__| **(C) When you went without smoking for a few hours, you experienced craving?**
H9@4 |__| **(D) If you were in a public place where smoking wasn't allowed, you would probably go outside to smoke a cigarette, even in cold or rainy weather?**

H10a **Now I would like to ask about HOW you went about completely quitting smoking. When you quit smoking completely, did you use ANY of the following PRODUCTS:**

(1) Yes
(2) No

H10a@1	**(1)**	**A nicotine gum**	|__|
H10a@2		**A nicotine patch**	|__|
H10a@3		**A nicotine nasal spray**	|__|
H10a@4		**A nicotine inhaler**	|__|
H10a@5		**A nicotine lozenge**	|__|
H10a@6		**A nicotine tablet**	|__|

H10a@7 **(2)** **A prescription pill, such as Zyban, Buproprion, or Wellbutrin?**

|__|

H10b   When you quit smoking completely did you use ANY of the following?

(1) Yes
(2) No

H10b@1	|__| **(A)**	**A telephone help line or quit line**
H10b@2	|__| **(B)**	**A stop smoking clinic, class, or support group**
H10b@3	|__| **(C)**	**One-on-one counseling**
H10b@4	|__| **(D)**	**Help or support from friends or family**
H10b@5	|__| **(E)**	**The Internet or World Wide Web**
H10b@6	|__| **(F)**	**Books, pamphlets, videos, or other materials**
H10b@7	|__| **(G)**	**Acupuncture or hypnosis**
H10b@7a	|__|	**[IF YES] Which - (1) Acupuncture (2) Hypnosis (3) Both**

H10c   When you quit smoking completely did you do ANY of the following? Please mention ALL methods, whether or not you think they were effective :
(1) Yes
(2) No

H10c@1	|__|	**(A) Try to quit by gradually cutting back on cigarettes**
H10c@2	|__|	**(B) Try to quit by switching to chewing tobacco, snuff, cigars, or pipes**
H10c@3	|__|	**(C) Did you switch to a "lighter" cigarette in order to quit**
H10c@4	|__|	**(D) Did you try to give up cigarettes all at once**
H10c@4a		**[IF YES] Would you say you quit "cold turkey" or some other way? (1) Cold turkey (2) Other (specify) |__|**

H10c@4bSPC Specify: _____

H11a   WHEN YOU QUIT SMOKING COMPLETELY -- Did you use ANY OTHER methods or products?

(1) Yes
(2) No ➜GO TO H12

\|__\|

H11bSPC   What were these OTHER methods, strategies, products or treatments that you used ?

Specify:_____

H12   During the time that you did smoke, have you EVER SWITCHED from a stronger cigarette to a lighter cigarette for at least 6 months?

(1) Yes
(2) No ➜GO TO SECTION J

\|__\|

H13   For each of the following statements, please tell me whether it is a reason that you

SWITCHED from a stronger to a lighter cigarette:

(1) True
(2) False

H13@1 |__| **(A) You switched because you felt that a lighter cigarette would be less harmful to your   health.**
H13@2 |__| **(B) You switched as a way to try to quit smoking.**
H13@3 |__| **(C) You switched to get a smoother or lighter flavor.**

> BOX 30
>
> IF H13@ 1 AND H13@ 2 = 1 ➔GO TO H13d
> ELSE ➔GO TO SECTION J

H13d   **Which is the MAIN reason you switched from a stronger to a lighter type of cigarette – as a way to try to quit smoking, or to smoke a less harmful cigarette?**

(1) Quit smoking
(2) To smoke a less harmful cigarette

|__|

J   **The next questions are about the use of tobacco other than in cigarettes.**
PRESS ENTER TO PROCEED |__|

J1a   **(Have/Has) (you/name) EVER used a pipe, cigar, chewing tobacco or snuff, EVEN ONE**
TIME?

FR NOTE:
"USED CHEWING TOBACCO" INCLUDES PRODUCTS SUCH AS REDMAN, LEVI
GARRETT, OR BEECHNUT AS WELL AS OTHER PRODUCTS.
"USED SNUFF" INCLUDES PRODUCTS SUCH AS SKOAL, SKOAL BANDITS, OR
COPENHAGEN AS WELL AS OTHER PRODUCTS.

(1) Yes
(2) No

|__|

> BOX 31
>
> IF J1a = NO AND:
>   IF PROXY RESPONDENT ➜GO TO S78
>   IF SELF RESPONDENT ➜GO TO BOX 34
> IF J1a = DK/REF ➜GO TO J2a

J1b   **Which - a pipe, cigar, chewing tobacco, or snuff?**
ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

(1) Smoked a pipe
(2) Smoked cigars
(3) Used chewing tobacco
(4) Used Snuff

|__|

J2a   (Do you/Does [name]) NOW (smoke/use) [fill entry in J1b] every day, some days or not at all?

> BOX 32
>
> ASK J2a FOR EACH ENTRY IN J1b
>
> IF J1a = DK/REF <u>OR</u> ENTRY IN J1b= DK/REF ➡ASK J2a FOR ALL FOUR
>   POSSIBLE RESPONSES IN J1b

(1) Every day
(2) Some days
 (3) Not at all

|__|

> BOX 33
>
> IF J2a = 1 <u>OR</u> 3:
>   IF PROXY: IF LAST ENTRY FROM J1b ➡GO TO S78
>   ELSE REPEAT J2a FOR NEXT ENTRY IN J1b
>   IF SELF: LAST ENTRY FROM J1b ➡GO TO BOX 34
>   ELSE REPEAT J2a FOR NEXT ENTRY IN J1b
> IF J2a = 2: (Someday Smokers)
>   IF PROXY: IF LAST ENTRY FROM J1b ➡GO TO S78
>   ELSE REPEAT J2a FOR NEXT ENTRY IN J1b
>   IF SELF: ➡GO TO J2b
>
> IF J2a= DK/REF (-2 or -3):GO BACK TO J2a for next item (ie. cigars, etc.)
> IF J2a= DK/REF (-2 or -3) AND IF LAST ENTRY FROM J1b ➡ GO TO BOX
> 34

J2b   On how many of the past 30 days did you (smoke/use) [fill entry J1b]?
        [ASK SEPARATELY FOR EACH ENTRY IN J1b WITH J2a = 2]

        ENTER NUMBER OF DAYS
        ENTER (X) FOR NONE
        (1-30)

        |__| IF [entry in J2b = X OR 30] ➡GO TO J2bV; ELSE ➡GO TO BOX 34

J2bV   You said that you (smoked/used) [fill entry J1b] some days. Is that correct?
        [ASK SEPARATELY FOR EACH ENTRY IN J1b WITH J2b = X (0) <u>OR</u> 30]

        (1) Yes ➡GO TO BOX 34
        (2) No ➡GO TO J2a

        |__|

NOTE: THE J2a, J2b, and J2bV SERIES IS REPEATED FOR EACH ENTRY IN J1b

```
                            BOX 34
FOR PROXY RESPONDENT: ➜GO TO S78
FOR SELF RESPONDENT:
        IF CURRENT SMOKER OF CIGARETTES (A3 = 1 OR 2) ➜GO TO
            SECTION JJ
        IF J1a = NO OR J2a = NOT AT ALL OR J2a = DK/Refused OR ANY
            COMBINATION OF THESE THREE STIPULATIONS FOR ALL
            FOUR "OTHER" TOBACCO PRODUCTS FOR ALL ENTRIES
            ➜GO TO SECTION JJ
```

J3a   [IF CIGARS ARE <u>NOT</u> USED <u>EVERY DAY</u> (J2a NOT = 1 for cigars) ➜GO TO J3b]
How soon after you wake up do you typically smoke your first cigar?

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) in J3a@1 IF RESPONDENT INSISTS IT VARIES

J3a@1 ENTER NUMBER (1 - 90)
|__|__|

J3a@2 ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

```
                            BOX 35
IF J3a@1 = X, D, R ➜ GO TO J3b_3
ELSE GO TO J3b
```

J3a_3 **Would you say you smoke your first cigar of the day within the first 30 minutes of awakening?**

(1) Yes
(2) No
(3) Varies— DO NOT READ

|__|

J3b   [IF PIPES ARE NOT USED EVERY DAY (IF PIPES IN J2A NOT = 1) ➜GO TO J3c]
How soon after you wake up do you typically FIRST smoke a pipe?

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) in J3b@1 IF RESPONDENT INSISTS IT VARIES

J3b@1 ENTER NUMBER (1 - 90)
|__|__|

J3b@2 ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

> BOX 36
> IF J3b@1 = X, D, R ➡ GO TO J3b_3
> ELSE GO TO J3c

J3b_3 **Would you say you smoke your first pipe of the day within the first 30 minutes of awakening?**

(1) Yes
(2) No
(3) Varies— DO NOT READ

|__|

J3c   [IF CHEWING TOBACCO IS NOT USED EVERY DAY (J2a for chewing tobacco NOT = 1) ➡GO TO J3d]
How soon after you wake up do you typically FIRST use chewing tobacco?

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) in J3c@1 IF RESPONDENT INSISTS IT VARIES

J3c@1 ENTER NUMBER (1 - 90)
|__|__|

J3c@2 ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

> BOX 37
> IF J3c@1 = X, R, D ➡ GO TO J3c_3
> ELSE GO TO J3d

J3c_3 **Would you say you first use chewing tobacco within the first 30 minutes of awakening?**

(1) Yes
(2) No
(3) Varies— DO NOT READ

|__|

J3d   [IF SNUFF IS NOT USED EVERY DAY (J2a for Snuff NOT = 1) ➡GO TO BOX 39]
How soon after you wake up do you typically FIRST use snuff?

(IF NECESSARY, FR ASK FOR BEST ANSWER IN MINUTES OR HOURS)
ENTER (X) in J3d@1 IF RESPONDENT INSISTS IT VARIES

J3d@1 ENTER NUMBER (1 - 90)
|__|__|

J3d@2 ENTER UNIT REPORTED
|__| (1) Minutes   (2) Hours

BOX 38
IF J3d@1 = X, D, R ➡ GO TO J3d_3
ELSE GO TO BOX 39

J3d_3 Would you say you first use snuff within the first 30 minutes of awakening?

(1) Yes
(2) No
(3) Varies— DO NOT READ

Other tobacco quit attempts:

BOX 39

IF ONLY ONE PRODUCT MENTIONED IN J2a IS NOW USED "EVERY DAY" OR "SOME DAYS >= 12 days in the past 30 days" [J2a =1 OR (J2a =2 AND J2b>= 12)]THAT PRODUCT IS USED FOR J4-J7

IF > 1 PRODUCT MENTIONED IN J2a, ASK J4-J7 ABOUT ONE TYPE OF OTHER TOBACCO, AS FOLLOWS:

1) If cigars are currently used "every day" or "some days >= 12 days in the past 30 days" [J2a =1 OR (J2a =2 AND J2b>= 12)] J4-J7 FILL = "smoking cigars"

2) If cigars are NOT currently used "every day" or "some days >= 12 days in the past 30 days (from J2b)" AND snuff is used "every day" or "some days >= 12 days in the past 30 days" [J2a =1 OR (J2a =2 AND J2b>= 12)] J4 - J6 FILL = "using snuff"

3) If cigars and snuff are NOT currently used "every day" or "some days >= 12 days in the past 30 days" (from J2b)" AND chewing tobacco is used "every day" or "some days >= 12 days in the past 30 days [J2a =1 OR (J2a =2 AND J2b>= 12)] J4 - J6 FILL = "using chewing tobacco"

4) If cigars and snuff and chewing tobacco are NOT currently used "every day" or "some days >= 12 days in the past 30 days" [J2a =1 OR (J2a =2 AND J2b>= 12)] AND pipe is used "every day" or "some days >= 12 days in the past 30 days" [J2a =1 OR (J2a =2 AND J2b>= 12)], J4-J7 FILL = "smoking a pipe"

5) If None of the 4 other tobacco products are currently used "every day" or at least 12 days in the past 30 days for "some day smokers" ➜ **GO TO SECTION JJ**

J4   **During the PAST 12 MONTHS, have you stopped smoking/using [fill entry BOX 39] for one day or longer BECAUSE YOU WERE TRYING TO QUIT?**

(1) Yes
(2) No ➜GO TO SECTION JJ

|__|

J5   The LAST TIME you stopped smoking/using [fill entry BOX 39] in the Past 12 Months
BECAUSE YOU WERE TRYING TO QUIT, how long did you stop for?

J5@NUM ENTER NUMBER
(1 - 99)

|__|__||

J5@UNT ENTER UNIT REPORTED

(1) Days
(2) Weeks
(3) Months

|__|

IF J5@NUM >18 <u>AND</u> J5@UNT = 2 ➡ GO TO J5V
IF J5@NUM >12 AND J5@UNT = 3 ➡ GO TO J5V
IF J5@NUM OR J5@UNT = D OR R ➡ GO TO J7a
ELSE ➡ GO TO J6a

J5v   I have recorded that the LAST TIME you stopped (smoking/using) [fill entry BOX 39] in
the past 12 months because you were TRYING to quit was [fill entry J5]? Is that correct?

(1) Yes
(2) No ➡GO TO J5@NUM

|__|

J6a   Was [fill entry J5] the LONGEST you went without (smoking/using) [fill entry BOX 39] in
the past 12 months?

(1) Yes ➡GO TO J7
(2) No

|__|

J6b   During the past 12 MONTHS, what is the LONGEST length of time you stopped (smoking/using) [fill entry BOX 39] because you were TRYING to quit?

J6b@NUM ENTER NUMBER (1 - 99)

|__|__|

J6b@UNT ENTER UNIT REPORTED

(1) Days
(2) Weeks
(3) Months

|__|

IF J6@NUM >18 AND J6b@UNT = 2 ➜GO TO J6bV
IF J6b@NUM >12 AND J6b@UNT = 3 ➜GO TO J6bV
ELSE ➜GO TO J7a

J6bV   I have recorded that the LONGEST length of time you stopped (smoking/using) [fill entry BOX 39] in the past 12 months because you were TRYING to quit was [fill entry J6b]? Is that correct?

(1) Yes
(2) No ➜GO TO J6b@NUM

|__|

J7   Thinking back about the last time you tried to quit [fill entry BOX 39] in the past 12 months:
Did you use any of the following PRODUCTS:

(1) Yes
(2) No

J7a@1 (1)	**A nicotine gum**	|__|
J7a@2	**A nicotine patch**	|__|
J7a@3	**A nicotine nasal spray**	|__|
J7a@4	**A nicotine inhaler**	|__|
J7a@5	**A nicotine lozenge**	|__|
J7a@6	**A nicotine tablet**	|__|

J7a@7   **A prescription pill, such as Zyban, Buproprion, or Wellbutrin?**

|__|

J7b **The last time you tried to quit [fill entry BOX 39], did you use ANY of the following:**

(1) Yes
(2) No

J7b@1 |__| **(A) A telephone help line or quit line**
J7b@2 |__| **(B) A stop use of tobacco products clinic, class, or support group**
J7b@3 |__| **(C) One-on-one counseling**
J7b@4 |__| **(D) Help or support from friends or family**
J7b@5 |__| **(E) The Internet or World Wide Web**
J7b@6 |__| **(F) Books, pamphlets, videos, or other materials**
J7b@7 |__| **(G) Advice from a medical doctor, dentist or other health professional**
J7b@7a |__| [IF YES] **Which ?- (1) Doctor (2) Dentist (3) Health professional (4) More than one of the previous choices**
J7b@8 |__| **(H) Acupuncture or hypnosis**
J7b@8a |__| [IF YES] **Which ?- (1) Acupuncture (2) Hypnosis (3) Both**

J7c **The LAST TIME you tried to QUIT [fill entry BOX 39] in the past 12 months, did you do ANY of the following :**

(1) Yes
(2) No

J7c@1 |__| **(A) Did you gradually cut back on [fill entry BOX 39] in order to TRY TO QUIT?**

J7c@2 |__| **(B) Did you TRY GIVING IT UP ALL AT ONCE?**
J7c@2a |__| [IF YES] **Would you say you TRIED TO QUIT "cold turkey" or TRIED in some other way?** (1) Cold turkey (2) Other (specify)
J7c@2b Specify: _____

J7d@1 The LAST time you tried to QUIT [fill in entry BOX 39] in the past 12 months: Did you use ANY OTHER methods or products?

(1) Yes ➜GO TO J7d@SPC
(2) No ➜GO TO SECTION JJ

|__|

J7d@SPC Specify: _____

```
                                    BOX 40
IF SELF RESPONDENT:
        IF A3 = 1 OR 2 ➡GO TO JJ1
        IF A3 = 3 AND H1 < = 5 YEARS (60 MONTHS)        ➡GO TO JJ1
        ELSE   ➡GO TO SECTION K--- BOX 41


IF PROXY RESPONDENT:  ➡GO TO S78
```

JJ 1   **Now I'm going to ask about your use of new tobacco products that are sometimes claimed to have fewer harmful chemicals. Have you ever tried a product called...**

(1) Yes
(2) No

JJ1@1	|__|	**(A)**	**Eclipse?**
JJ1@2	|__|	**(B)**	**Accord?**
JJ1@3	|__|	**(C)**	**Arriva?**
JJ1@4	|__|	**(D)**	**Exalt?**
JJ1@5	|__|	**(E)**	**Revel?**
JJ1@6	|__|	**(F)**	**Omni?**
JJ1@7	|__|	**(G)**	**Advance?**

BOX 41

IF NOT RETIRED <u>AND</u> HAVE BEEN WORKING FOR PAY OR
EMPLOYED IN PAST WEEK <u>AND</u> ARE NOT SELF-EMPLOYED:

IF MONTHLY LABOR FORCE RECORD (MLR) = 1 <u>OR</u> 2 <u>AND:</u>

     IF INDIVIDUAL CLASS OF WORKER CODE ON FIRST JOB
         (IO1COW) = 1, 2, 3, 4, 5, or 10 ➜GO TO K1
     IF IO1COW = 6, 7, 8, 9, or 11 ➜GO TO K4
ELSE ➜GO TO K4

K1   **Which of these best describes the area in which you work MOST of the time?**
       WORK PLACE QUESTIONS PERTAIN TO THE SAMPLE PERSON'S MAIN JOB
       (READ ANSWER CATEGORIES AND CHOOSE ONLY ONE)

       (1) Mainly work indoors
       (2) Mainly work outdoors
       (3) Travel to different buildings or sites
       (4) In a motor vehicle, or
       (5) Somewhere else
       (6) VARIES (DO NOT READ)

       |__|

BOX 42

IF K1 = 1 ➜GO TO K1b
IF K1 = 5 ➜GO TO K1SPC
ELSE ➜GO TO K4

K1SPC   **Specify:**
       _____   ➜GO TO K1c

K1b   **(You said that you now work indoors). Do you mainly work in an office building, in your
       own home, in someone else's home, or in another indoor place?**

       (1) Office building
       (2) Own home
       (3) Someone else's home
       (4) Another indoor place

       |__| IF K1b = 2 OR 3 ➜GO TO K4; ELSE ➜GO TO K1C

K1c   **In which State (including DC), do you work on your main job or business?**

|__|__|__| | (H) | Help for State Abbreviations

K2a   **Does your place of work have an official policy that restricts smoking in any way?**

NOTE: "PLACE OF WORK" RESTRICTIONS INCLUDE POLICIES OF THE EMPLOYER, BUILDING OWNER OR ANY GOVERNMENTAL LAWS–THUS "ANY POLICY" AT THE PLACE OF WORK REGARDLESS OF WHO IS RESPONSIBLE FOR IT.

(1) Yes
(2) No ➡ GO TO K4

|__|

K3a   **Which of these best describes your place of work's smoking policy for INDOOR PUBLIC OR COMMON AREAS, such as lobbies, rest rooms, and lunch rooms?**

READ THE THREE ANSWER CATEGORIES

(1) Not allowed in ANY public areas
(2) Allowed in SOME public areas
(3) Allowed in ALL public areas

ENTER (4) IF NOT APPLICABLE

|__|

K3b   **Which of these best describes your place of work's smoking policy for WORK AREAS?**

READ THE THREE ANSWER CATEGORIES

(1) Not allowed in ANY work areas
(2) Allowed in SOME work areas
(3) Allowed in ALL work areas

ENTER (4) IF NOT APPLICABLE

|__|

K4   **Which statement best describes the rules about smoking INSIDE YOUR HOME?**

READ ANSWER CATEGORIES

NOTE: "HOME" IS WHERE YOU LIVE. "RULES" INCLUDE ANY UNWRITTEN "RULES" AND PERTAIN TO ALL PEOPLE WHETHER OR NOT THEY RESIDE IN THE HOME OR ARE VISITORS, WORKMEN, ETC.

(1) No one is allowed to smoke anywhere INSIDE YOUR HOME
(2) Smoking is allowed in some places or at some times INSIDE YOUR HOME
(3) Smoking is permitted anywhere INSIDE YOUR HOME

|__|

K5   **In bars and cocktail lounges, do you THINK that smoking should be allowed in all areas, allowed in some areas, or not allowed at all?**

(1) Allowed in all areas
(2) Allowed in some areas
(3) Not allowed at all

|__|

S78   *** DO NOT READ ***   HOUSEHOLD ROSTER

Enter line number of the person who answered   LN NAME
the supplement questions for (NAME)   01   (Person 1)

|__|__| 02   (Person 2)
                                                       03   (Person 3)

SINTTP   *** DO NOT READ ***

In what language was the interview for this person conducted?

(1) English
(2) Spanish
(3) Other

|__|